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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 25 1941  
FEB 25 1941  
Registration District No. 1

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1560  
Registrar's No. 27

1. PLACE OF DEATH: Adair  
(a) County Adair  
(b) City or town Novinger Rural  
(c) Name of hospital or institution Novinger Rural  
(d) Length of stay: In hospital or institution 499yr.  
In this community 499yr.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Novinger, Rural  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Opal Agnes Floyd  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cyrus L. Floyd  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased January 8 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months 00 Days 17  
If less than one day hr. min.

9. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife  
11. Industry or business domestic home

12. Name Marlon F. Shoop  
13. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Horner  
15. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Cyrus L. Floyd  
(b) Address Novinger Mo. R. F. D.

17. (a) Burial (b) Date thereof 1-28-41  
(c) Place: burial or cremation Novinger Cent.  
18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar (b) Registrar's signature

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 25  
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 14  
1941 to Jan 17 1941  
that I last saw her alive on Jan 17  
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia  
broncho- Duration 11 days

Due to hypostatis, angina  
(Albuminuria)  
Due to Albuminuria  
valvular heart disease

Other conditions  
Major findings: Of operations none  
Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

3 While at work? (Specify type of place) (e) Means of injury  
23. Signature J. S. Gashweiler (M. D. or other)  
Address Novinger Mo. Date signed 2/1/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-396

Date Filed FEB 19 1941

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed D. W. Riley

Licensed Embalmer No. 41-587

P. O. Address Hicksville, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.